

Case Number:	CM14-0015828		
Date Assigned:	03/03/2014	Date of Injury:	06/15/2009
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of June 15, 2009. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy over the life of the claim, and epidural steroid injection therapy. An October 8, 2013 progress note is notable for comments that the applicant reported persistent complaints of low back pain. The applicant is apparently using a cane and had a limp. Straight leg raising was positive with some bilateral sensory deficits noted. The applicant did possess 5/5 lower extremity strength. The applicant was asked to employ a heating pad. On January 7, 2014, the attending provider noted that the applicant had issues with depression, anxiety, and sleep disturbance in addition to low back pain and/or radicular complaints. On January 15, 2014, the applicant was placed off of work, on total temporary disability. The applicant had complaints of low back pain radiating to the right leg and was depressed and anxious. The applicant still had sensory deficits about the right lower extremity with positive straight leg raising noted. It was stated that the applicant was requesting lumbar spine surgery options. On February 12, 2014, the attending provider wrote that the applicant's last lumbar MRI was in 2010. The attending provider stated that he was requesting lumbar MRI imaging as a prerequisite to pursuit of lumbar microdiscectomy at the L5-S1 level, as epidural steroid injections were unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI OF LUMBOSACRAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 308-310

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for applicants in whom surgery is being considered and/or red-flag diagnoses are being evaluated. In this case, the applicant has heightened lumbar radicular complaints with lower extremity issues, including paresthesias/dysesthesias, hyposensorium, and lower extremity weakness requiring usage of a cane. It is stated that the applicant is actively considering and/or contemplating a surgical remedy. ACOEM criteria for pursuit of lumbar MRI imaging have been met. Therefore, the request is medically necessary.